



TELEPHONE 278-8604

TOWN OF UXBRIDGE

BOARD OF HEALTH

TOWN HALL

21 SOUTH MAIN STREET

UXBRIDGE, MASSACHUSETTS 01569

APPLICATION FOR EXTENSION

APPLICATION NO. _____

FEE: _____

DATE: _____

I hereby make a request to the Board of Health for a
(please check one)

_____ percolation review extension
_____ deephole review extension
_____ plan review extension

EXTENSION PROPERTY LOCATION: _____

ASSESSOR MAP _____ LOT _____

OWNER/APPLICANT: _____

ADDRESS: _____ TELEPHONE: _____

PERCOLATION/DEEPHOLE DETAILS

Original testing performed for: _____

Engineer Date: _____

Percolation/Deephole Application No. _____

PLAN REVIEW DETAILS

Original Design Plan for: _____

Engineer Date: _____

Approval/Disapproval Date: _____

Plan Review Application No. _____

DO NOT WRITE BELOW THIS LINE

Inspection of the above property performed on: _____

Recommendations: _____ Approved/Disapproved

If disapproved - reason: _____

Test/Plan extended to (Date): _____